

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 03, 2008 8:00 am
Secretary of State

09-03-2008 90004 033 ****70.00

DOCUMENT # N06000008852													
1. Entity Name THE GREATER MARIANNA MINISTERIAL ASSOCIATION, INC.													
Principal Place of Business 4186 LAFAYETTE ST MARIANNA, FL 32446			Mailing Address 4186 LAFAYETTE ST MARIANNA, FL 32446										
2. Principal Place of Business - No P.O. Box # 2901 Caledonia Street		3. Mailing Address 2901 Caledonia Street											
Suite, Apt. #, etc.		Suite, Apt. #, etc.											
City & State Marianna, FL		City & State Marianna, FL		4. FEI Number 01-0899074									
Zip 32446		Country USA		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required									
6. Name and Address of Current Registered Agent LONG, R. DAVID 4186 LAFAYETTE ST MARIANNA, FL 32446			7. Name and Address of New Registered Agent <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="padding: 2px;">Name</td> <td>Rev. Bob Calvert</td> </tr> <tr> <td style="padding: 2px;">Street Address (P.O. Box Number is Not Acceptable)</td> <td>2901 Caledonia Street</td> </tr> <tr> <td style="padding: 2px;">City</td> <td>Marianna, FL</td> </tr> <tr> <td style="padding: 2px;">Zip Code</td> <td>32446</td> </tr> </table>			Name	Rev. Bob Calvert	Street Address (P.O. Box Number is Not Acceptable)	2901 Caledonia Street	City	Marianna, FL	Zip Code	32446
Name	Rev. Bob Calvert												
Street Address (P.O. Box Number is Not Acceptable)	2901 Caledonia Street												
City	Marianna, FL												
Zip Code	32446												
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.													
SIGNATURE		Rev. Bob Calvert, President 30 August 2008 <small>(NOTE: Registered Agent signature required when reinstating)</small>											
Filing Fee is \$61.25 Due by September 12, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees									
Make check payable to Florida Department of State													
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10										
TITLE P	NAME LONG, R. DAVID	<input checked="" type="checkbox"/> Delete	TITLE President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition									
STREET ADDRESS 4186 LAFAYETTE ST													
CITY - ST - ZIP MARIANNA, FL 32446													
TITLE VT	NAME HENDERSON, RILEY	<input checked="" type="checkbox"/> Delete	TITLE VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition									
STREET ADDRESS P.O. BOX 5806													
CITY - ST - ZIP MARIANNA, FL 32447													
TITLE S	NAME SCHAFFER, EDMUND	<input checked="" type="checkbox"/> Delete	TITLE S/T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition									
STREET ADDRESS 3975 HIGHWAY 90													
CITY - ST - ZIP MARIANNA, FL 32446													
TITLE 	NAME 	<input type="checkbox"/> Delete	TITLE 	<input type="checkbox"/> Change <input type="checkbox"/> Addition									
STREET ADDRESS 													
CITY - ST - ZIP 													
TITLE 	NAME 	<input type="checkbox"/> Delete	TITLE 	<input type="checkbox"/> Change <input type="checkbox"/> Addition									
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CITY - ST - ZIP 													
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.													
SIGNATURE:		Rev. Bob Calvert, Pres. 850-482-4502 8/30/2008											
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>		<small>Daytime Phone #</small>									